## PART B - FEE(S) TRANSMITTAL

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| maintenance fee notifica   |  |   |  |   | rate "FEE ADDRESS" for  |            |                        |   |  |
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| BIRCH STEWART KOLASCH & BIRCH, LLP<br>PO BOX 747<br>FALLS CHURCH, VA 22040-0747  |  |   |  |   | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |            |                        |   |  |
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| APPLICATION NO.  | FILING DATE  |   | FIRST NAMED INVENT   | OR  | A   | TTORN      | NEY DOCKET NO.         | CONFIRMATION NO.  |  |
| 10/549,933   | 10/549,933 09/11/2006  |   | Naoharu Nakaiso  | aiso 1592-0168PUSI<br>CTOR DEVICE PRODUCING METHOD  |   |            |                        | 7899  |  |
| APPLN. TYPE  | SMALL ENTITY   | ISSUE FEE DUE                                       | PUBLICATION FEE DU   | Æ   | PREV. PAID ISSUE F  | FEE        | TOTAL FEE(S) DUE       | DATE DUE  |  |
| nonprovisional   | NO   | \$1510  | \$300  |   | \$0   |            | \$1810                 | 10/14/2009  |  |
| EXAMINER   |  | ART UNIT  | CLASS-SUBCLASS   | $\neg$  | ٦   |            |                        |   |  |
| KACKAF   | R, RAM N   | 1792  | 118-725000   |   |   |            |                        |   |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  |  |   | (1) the names of up<br>or agents OR, altern  | single firm (having as a member a by or agent) and the names of up to at attorneys or agents. If no name is |   |            |                        |   |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Hitachi Kokusai Electric Inc.  Tokyo, Japan  Please check the appropriate assignee category or categories (will not be printed on the patent): |  |   |  |   |   |            |                        |   |  |
| riease check the appropr   | rate assignee category or  | categories (will not be pr                          | inted on the patent):  | I   | ndividual X Corp  | oration    | or other private grou  | up entity  Government   |  |
| 4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2448 (enclose an extra copy of this form  |  |   |  |   |   |            |                        |   |  |
| a. Applicant claim   | tus (from status indicated   | s. See 37 CFR 1.27.                                 | b. Applicant is no l   |   |   |            |                        |   |  |
| interest as shown by the   | d Publication Fee (if requestion fee (if requestion fee United Sta | ired) will not be accepted tes Patent and Trademark | office Office  | n the   | e applicant; a registe  | red atto   | orney or agent; or the | assignee or other party in  |  |
| Authorized Signature Typed or printed nam  | ,  | . Mutter  | #39,491  | '   | DateOo  | ctob<br>29 | er 13, 2009            | )   |  |
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